

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	—	↓	↓	↓	↓	↓
TOTAL DEP.	/	↔	↔	↔	↔	↔
TOTAL CLAIMS	/					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.		↓	↓	↓	↓	↓		
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS								